## Aloha Stadium Video Order Form/Receipt

CUSTOMER INFORMATION:			VIDEO HOTLINE: 486-9557	
Name:last	First	Middle Initial	Date:	
Address:	Street		Apt#	
City			Zip code	
Telephone:  Home	Work		Pager	
ORDER REQUEST: S <sub>I</sub>	ort:		□Boys Event	☐Girls Event
Event:		Date:	# of Video	_x \$25.00=
Event:		Date:	# of Video	_x \$25.00=
Event:		Date:	# of Video	_x \$25.00=
Event:		Date:	# of Video	x \$25.00=
Event:		Date:	# of Video	x \$25.00=
Checks payable to ALOHA STADIUM.  Mailing Address STADIUM STARS  Total Cost=  P.O. Box 30666 Honolulu, HI 96820-0666				
Note: <b>SERVICE FEE</b> (\$15.00) will be assessed for returned checks. Allow 4 – 6 weeks for delivery.				
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SCOREBOARD CONTACTE				
Order Form to Scoreboard by:(Date) Order Received From Scoreboard:(Date)				
VIDEO ORDER COMPLETION Mailed Out By:(Date) Comments:				
CHECK INFO: Deposit Date:	Cl. 1	_Check No#		No#
Payment: Check one:   Order taken by Aloha Stadium Perso	Check	☐Money order		

Distribution: Customer (1), Events (1), Fiscal (1), Scoreboard (3).